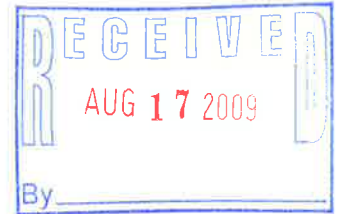


6200 Riverport Road • Henderson, Kentucky 42420 • Ohio River Mile 808
Phone (270) 826-1636 • Fax (270) 827-4523
Email: greg.pritchett@hendersonport.com • Web Site: www.hendersonport.com



August 12, 2009

Re: Surface water permit
KY0092126

To: Division of Water: Surface Water Permits Branch

Dear Mr. Cleaver

Enclosed are the forms that were sent to us to complete to finish our application for the renewal of our permit listed above.

As we spoke on the phone, I have enclosed a copy of the monthly discharge monitoring report for the month of July 2009 showing that is no discharge as we do not have a stockpile at the present time. We carry this permit for the purpose if we needed to stockpile coal we would have this in place for that. We load coal into barges on the river and we have not stockpiled coal or any other product for several years but we want to keep this in place in case the event arose that we would have to stockpile.

Thank you for your help in getting this solved so quickly.

Sincerely,

A handwritten signature in black ink that reads "Pamela R. McCartney". The signature is written in a cursive style with a large, stylized "P" and "M".

Pamela R. McCartney
Office Manager/Adm. Assistant
Henderson County Riverport

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category: <i>Non Process Industry</i>	Filing Fee Enclosed: \$ <i>200.</i>
---	--

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> <i>Greg Pritchett, Ex Director</i>	TELEPHONE NUMBER (area code and number): <i>270-826-1636</i>
SIGNATURE <i>Greg Pritchett</i>	DATE: <i>7-14-09</i>

Return completed application form and attachments to: **KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601.** Direct questions to: **KPDES Branch at (502) 564-3410.**

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge of or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (Identify the test(s) and describe their purposes below)

☒ No (Go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☐ Yes (list the name, address, and telephone number of, and pollutants analyzed by each such laboratory or firm below)

☒ No (Go to Section IX)

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): <i>Greg Pritchett, En. Port Director</i>	TELEPHONE NUMBER (area code and number): <i>270-826-1636</i>
SIGNATURE <i>[Signature]</i>	DATE <i>7-14-09</i>

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.

NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

POLLUTANT	SOURCE	POLLUTANT	SOURCE
Iron Manganese Suspended Solids	Stock Piled Coal		

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

☐

Yes (List all such pollutants below)

☒

No (Go to Item VI-B)

B. Are your operations such that your raw materials, processes, or products can reasonably be expected to vary so that your discharge of pollutants may during the next 5 years exceed two times the maximum values reported in Item V?

☐

Yes (Complete Item VI-C)

☒

No (Go to Item VII)

C. If you answered "Yes" to Item VI-B, explain below and describe in detail to the best of your ability at this time the sources and expected levels of such pollutants which you anticipate will be discharged from each outfall over the next 5 years. Continue on additional sheets if you need more space.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

DISCHARGE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME HENDERSON CO RIVERPORT AUTH
ADDRESS C/O RIVER & RAIL INC
6202 RIVERPORT RD
KY 42420
HENDERSON CO RIVERPORT AUTH
KY 42420

PERMIT NUMBER KY0092126
DISCHARGE NUMBER 0011
MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
07 07 01

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW, IN CONDUIT OR THROUGH TREATMENT PLANT										
EFFLUENT GROSS VALUE										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
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PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. (See instructions)

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C)										OUTFALL NO.		
Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.												
1. POLLUTANT	2. EFFLUENT				3. UNITS (Specify if blank)		4. INTAKE (optional)					
	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (optional)		b. No. of Analyses
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
a. Biochemical Oxygen Demand (BOD)												
b. Chemical Oxygen Demand (COD)												
c. Total Organic Carbon (TOC)												
d. Total Suspended Solids (TSS)												
e. Ammonia (as N)												
f. Flow (in units of MGD)	VALUE		VALUE		VALUE					MGD	VALUE	
g. Temperature (winter)	VALUE		VALUE		VALUE					°C	VALUE	
h. Temperature (summer)	VALUE		VALUE		VALUE					°C	VALUE	
i. pH	MINIMUM 7.0	MAXIMUM 8.4	MINIMUM	MAXIMUM					STANDARD UNITS			

Outfall never been sampled - no past discharge
No coal stode piled to date

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		6. INTAKE (optional)			
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
			(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
a. Bromide (24959-67-9)		X												
b. Bromine Total		X												
Residual														
c. Chloride		X												
d. Chlorine, Total		X												
Residual														
e. Color		X												
f. Fecal Coliform		X												
g. Fluoride (16984-48-8)		X												
h. Hardness (as CaCO ₃)		X												
i. Nitrate - Nitrite (as N)		X												
j. Nitrogen, Total		X												
Organic (as N)		X												
k. Oil and Grease		X												
l. Phosphorous (as P), Total 7723-14-0		X												
m. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium Total		X												
(4) Radium, 226, Total		X												

Part B - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
			a. Maximum Daily Value (1) Concentration (2) Mass		b. Maximum 30-Day Value (if available) (1) Concentration (2) Mass		c. Long-Term Avg. Value (if available) (1) Concentration (2) Mass				d. No. of Analyses	a. Long-Term Avg. Value (1) Concentration (2) Mass	b. No. of Analyses	
	a. Believed Present	b. Believed Absent												
n. Sulfate (as SO ₄) (14808-79-8)		X												
o. Sulfide (as S)		X												
p. Sulfite (as SO ₃) (14286-46-3)		X												
q. Surfactants		X												
r. Aluminum, Total (7429-90)		X												
s. Barium, Total (7440-39-3)		X												
t. Boron, Total (7440-42-8)		X												
u. Cobalt, Total (7440-48-4)		X												
v. Iron, Total (7439-89-6)	X		See comment Page 5											
w. Magnesium Total (7439-96-4)		X												
x. Molybdenum Total (7439-98-7)		X												
y. Manganese, Total (7439-96-6)	X		See comment Page 5											
z. Tin, Total (7440-31-5)		X												
aa. Titanium, Total (7440-32-6)		X												

Part C - If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the Testing Required column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Mark "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark either the Testing Required or Believed Present columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass						
METALS, CYANIDE AND TOTAL PHENOLS															
1M. Antimony Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)			X												
3M. Beryllium Total (7440-41-7)			X												
4M. Cadmium Total (7440-43-9)			X												
5M. Chromium Total (7440-43-9)			X												
6M. Copper Total (7550-50-8)			X												
7M. Lead Total (7439-92-1)			X												
8M. Mercury Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-28-0)			X												

Part C - Continued

1.		2.		3.						4.		5.			
POLLUTANT And CAS NO. (if available)	a. Testing Required	MARK "X"		EFFLUENT						UNITS		INTAKE (optional)			
		a. Believed Present	b. Believed Absent	a.		b.		c.		d. No. of Analyses	a. Concentration	b. Mass	a.	b.	
				Maximum Daily Value (1)	(2)	Maximum 30-Day Value (if available) (1)	(2)	Long-Term Avg. Value (if available) (1)	(2)						Long-Term Avg Value (1)
METALS, CYANIDE AND TOTAL PHENOLS (Continued)															
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)			X												
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
DIOXIN															
2,3,7,8 Tetra- chlorodibenzo, P, Dioxin (1784-01-6)			X												
GC/MS FRACTION - VOLATILE COMPOUNDS															
DESCRIBE RESULTS:															
IV. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chloro- benzene (108-90-7)			X												
8V. Chlorodibro- momethane (124-48-1)			X												

Part C - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)				
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
9V. Chloroethane (74-00-3)			X												
10V. 2-Chloro- ethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichloro- bromomethane (75-71-8)			X												
14V. 1,1- Dichloroethane (75-34-3)			X												
15V. 1,2- Dichloroethane (107-06-2)			X												
16V. 1,1- Dichloroethylene (75-35-4)			X												
17V. 1,2-Di- chloropropane (78-87-5)			X												
18V. 1,3- Dichloropro- pylene (452-75-6)			X												
19V. Ethyl- benzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												